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FORM D

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DEC 2 2 2003 NO

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respoi	nse 16.00

SEC USE ONLY								
Prefix	Serial							
DATE REC	CEIVED							
]	1							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series AAA Preferred Stock; Series NNN Preferred Stock; Common Stock; Common Warra	nts
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	03043378
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	03043370
Cellomics, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
100 Technology Drive, Pittsburgh, PA 15219	(412) 770-2200
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Cellomics, Inc. develops, produces, markets and distributes drug screening systems to phare	maceutical and biotechnological companies
worldwide.	and ciccin
Type of Business Organization	PROCESOL
✓ corporation ☐ limited partnership, already formed ☐ other (p	lease specify):
business trust limited partnership, to be formed	DEC 2 9 2003
Month Year	
Actual or Estimated Date of Incorporation or Organization: 011 918 Actual Estim	σιλΙΑΝ(ΓΙΔΙ
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear-typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information i	requested for the fo	llowing:							•
 Each promoter of 	the issuer, if the is	suer has	been organized wi	ithin	the past five years;				
 Each beneficial or 	wner having the pow	er to voi	te or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer
 Each executive of 	ficer and director o	f corpor	ate issuers and of	corpo	rate general and mar	naging	partners of	partne	ership issuers; and
 Each general and 	managing partner o	f partne	rship issuers.						
Check Box(es) that Apply:	Promoter	B	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Fleming, Jonathan	if individual)								
Business or Residence Addr 222 Berkeley Street, Su	•		City, State, Zip Co 2116	de)					
Check Box(es) that Apply:	Promoter	□В	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Phillips, Barclay	if individual)				Ç.				
Business or Residence Addr 1751 Lake Cook Road,	•	•	City, State, Zip Co	de)					·
Check Box(es) that Apply:	Promoter	В	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Sharp, James	if individual)								
Business or Residence Addr	ess (Number and	Street, (City, State, Zip Co	de)					
One Zeiss Drive, Thorny	vood, NY 10594								
Check Box(es) that Apply:	Promoter	□ B	eneficial Owner		Executive Officer	V	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Simon, Ulrich									
Business or Residence Addre Carl-Zeiss-Promenade				de)					
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Taylor, D. Lansing	if individual)								A COMPANIES CONTROL AND PARTIES OF THE PARTIES OF T
Business or Residence Address 910 Notre Dame Place,			City, State, Zip Co	de)	110000000000000000000000000000000000000				
Check Box(es) that Apply:	Promoter	В	eneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Calvo, Daniel J.	if individual)								and the second s
Business or Residence Addre 100 Technology Drive, F			City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	В	eneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Komatz, Jeffrey	if individual)					<u> </u>			
Business or Residence Address 100 Technology Drive, P			City, State, Zip Coo	de)					

		and the second	dans.	Ä. BASIC IDI	NT.I	FIÇATION DATA		i de la companya de La companya de la co	i va o	
2. I	Enter the information r	requested for the fo	llowin	ig:						
•	 Each promoter of 	the issuer, if the is	suer h	as been organized w	ithin	the past five years;				
•				-						s of equity securities of the issuer
•					согрс	rate general and mar	naging	partners of	partne	ership issuers; and
•	• Each general and	managing partner of	of part	nership issuers.						
Check	c Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	Name (Last name first,	if individual)				***************************************				
	ess or Residence Addr	and Olymbor and	Ct-00	t, City, State, Zip Co	dal					
_	Lewis LLC, 18th Fl	•				22				
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	lame (Last name first, kman Coulter, Inc.	if individual)								To the same of the
	ess or Residence Addr O N. Harbor Blvd., P	•		t, City, State, Zip Co on, CA 92834	de)			.,		
Check	Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Tame (Last name first, Zeiss, Inc.	if individual)	<u>-</u>			, ,,.				
Busin	ess or Residence Addr	ess (Number and	Street	t, City, State, Zip Co	de)					
One	Zeiss Drive, Thorny	vood, NY 10594								
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name first,	if individual)								
InterV	Vest Partners									
	ess or Residence Addro Sand Hill Road, 2r	`		t, City, State, Zip Co CA 94025	de)				· · · · · · · · · · · · · · · · · · ·	
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	lame (Last name first, sco Funds Group, Ir									and the second s
	ess or Residence Addre South Monaco Stre	,		, City, State, Zip Co	de)					A STATE OF THE PARTY OF THE PAR
Check	Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	ame (Last name first, or Fund Manageme									
	ess or Residence Addre Lake Cook Road, I			, City, State, Zip Co	de)				=	
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	ame (Last name first, onner, Alan	if individual)							_	
	ess or Residence Addre 4400 Fifth Avenue.	*			de)				7.2.1	

		A. BASIC	IDENT	FICATION DATA					
2. Enter the information re-	quested for the fol	lowing:							
•		suer has been organiz		•					
		•		•				s of equity securities	of the issuer.
		f corporate issuers an	d of corp	orate general and ma	inaging	partners of	f partne	ership issuers; and	
Each general and m	ianaging partner o	f partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🗌	Executive Officer	V	Director		General and/or Managing Partner	
Full Name (Last name first, if Muennighoff, Stefan H.	individual)			**************************************					, <u></u>
Business or Residence Address 100 Technology Drive, Pi		Street, City, State, Zi 5219	ip Code)				•		, , , , , , , ,
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🗍	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and	Street, City, State, Zi	p Code)						
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔲	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street, City, State, Zi	p Code)	14 <u>4</u>					
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔲	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street, City, State, Zi	p Code)		,			-	
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🗍	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)		- th						
Business or Residence Addres	s (Number and	Street, City, State, Zi	p Code)						
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔲	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)	11. The state of t							
Business or Residence Addres	s (Number and	Street, City, State, Zi	p Code)						
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 📋	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and	Street, City, State, Zij	p Code)						

		of tall of the		1. 1. 1. 1.	В., І	NFORMAT	ION ABOU	T OFFERI	NG		10 %		
1.	Has the	issuer solo	i, or does t	he issuer i	ntend to se	ll. to non-a	ccredited i	investors in	this offer	ing?		Yes T i	No E
••			.,			Appendix				_		<u></u>	in the second
2.	What is	the minim	um investn					_				\$	inimum
												Yes	No
3.			permit join										×
4.	commis If a pers or states	sion or sim son to be lis s, list the na	ilar remune ted is an as:	ration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso:	ection with er registered ns to be list	sales of sed i with the S ded are asso	curities in t EC and/or	irectly, any he offering. with a state sons of such		
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
Nan	ne of Ass	sociated Br	oker or De	aler								,	
Stat	es in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		······	*************	.,			☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	[NH] [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
		[50]			LIA]	[01]	(V I	(VA)	<u> </u>	<u> </u>			
Full	Name (l	Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of Ass	ociated Br	oker or De	aler		-1							
											a-		-
Stat			Listed Has										
	(Check	"All States	" or check	individual	States)	***************************************	***************************************	••••		•••••		∐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (I	Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nam	ne of Ass	ociated Br	oker or Dea	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
(Check "All States" or check individual States)									☐ All	States			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH		OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$_4,203,803.00	\$_4,203,803.00
	Common Preferred (AAA)		
	Convertible Securities (including warrants)	\$_0.00	\$
	Partnership Interests		\$
	Other (Specify Common and NNN) ** (see attachment)		
	Total	\$ 29,068,531.89	\$ 29,068,531.89
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	32	\$ 29,068,531.89
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_45,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$ 45,000.00

	C. OFFERING PRICE, NUI	MBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C – proceeds to the issuer."	- Question 4.a. This difference is the "adjusted	d gross	\$
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estima of the payments listed must equal the adjusted	ite and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗀 \$	_
	Purchase of real estate			_
	Purchase, rental or leasing and installation of m and equipment			\ \[\\$
	Construction or leasing of plant buildings and fa		_	_
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	ssets or securities of another	🗀 \$	
	Repayment of indebtedness			
	Working capital		\$	\$ 29,023,531.
	Other (specify):			
			 [] \$	\$
	Column Totals		<u>\$</u> 0.00	_ \$_29,023,531.8
	Total Payments Listed (column totals added)		🗹 \$ <u>^</u> 2	29,023,531.89
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	furnish to the U.S. Securities and Exchange C	Commission, upon writt	
Iss	uer (Print or Type)	Signature	Date	
Ce	ellomics, Inc.	Copper	December 2, 2	003
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	1.	
Je	frey A. Komatz	Vice President, Finance and Controller		

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Cellomics, Inc.	Chat	December 2, 2003
Name (Print or Type)	Title (Print or Type)	
Jeffrey A. Komatz	Vice President, Finance and Controller	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX											
1	Intend to non-a investor	2 I to sell accredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL		Continues of the State of the S										
AK												
AZ												
AR												
CA		×	AAA, NNN, Common, Warrants \$5,042,342.72	10	\$5,042,342.72	0	\$0.00		X			
СО		×	NNN, Common \$268,015.89	1	\$268,015.89	0	\$0.00		×			
СТ	: naditivatele disebut esti l'apparation pare	×	AAA, NNN, Common, Warrants \$434,565.20	1	\$434,565.20	0	\$0.00		×			
DE	10.4 · 10											
DC												
FL		×	AAA, NNN, Common, Warrants \$139,442.00	1	\$139,422.00	0	\$0.00		X			
GA		1										
HI								and the party began acres				
ID												
IL		×	AAA, NNN, Common, Warrants \$2,651,923.42	2	\$2,651,923.42	0	\$0.00		×			
IN												
IA		Companies for more do considerations										
KS									ģ.			
KY												
LA	hadragin no Felico namos, establisha artic di											
ME												
MD												
MA		×	AAA, NNN, Common, Warrants \$6,036,639.29	4	\$6,036,639.29	0	\$0.00		×			
MI												
MN			-					1				
MS		:										

APPENDIX 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price explanation of to non-accredited Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount **Investors** Amount Yes No MO MTNE NV NH NNN, Common \$4,306.81 NJ 1 X X \$0.00 \$4,306.81 0 NM AAA, NNN, Common, 0 \$0.00 X 5 \$3,271,566.04 NY Warrants \$3,271,566.04 NC ND OH OK OR AAA, NNN, Common, Warrants \$205,585.00 X PA X 2 \$205,585.00 \$0.00 RI SC SD TN TXUT VT VAWAWV NNN, Common, \$76,576,53 \$76,576.53 0 WI 2 \$0.00

APPENDIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state	4 Type of investor and amount purchased in State				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
			(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

Cellomics, Inc. Form D Attachment 2003 Financing

- * Each holder of AAA Preferred receives one Common warrant for each AAA Preferred share issued, at no additional cost.
- ** Amounts shown at right are for Common shares issued for: (a) \$6,216,123.22 in forgiveness of certain accounts payable; (b) \$15,464,902.00 in convertible notes (principal plus interest) exchanged under an agreed formula; (c) a \$1,052,500.00 note (principal plus interest) exchanged by a Cellomics creditor; and (d) \$2,131,203.67 in AA Preferred shares exchanged for Common shares on a one-for-one-share basis. Additionally: (x) certain Common shareholders are receiving additional Common shares to prevent dilution using an agreed formula; and (y) certain Common shareholders are receiving one NNN Preferred share for each Common share issued to them, at no additional cost.